



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jonathan S. Stamler and Andrew J. Gow

Application No.: 08/796,164

Group Art Unit: 1654

Filed: February 6, 1997

Examiner: B. Celsa

For: MODIFIED HEMOGLOBINS, INCLUDING NITROSYLHEMOGLOBINS,  
AND USES THEREFOR

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231:

on 4/6/98

Date

Signature

Anita Heckman

Typed or printed name of person signing certificate

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment for  
filing in the above-identified application.

☒ X

Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.



A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	62	MINUS	* 62	0
INDEP	45	MINUS	** 45	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
RATE	ADDIT. FEE
X \$11	\$ 0
X \$41	\$ 0
+ \$135	\$ _____

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$22	\$ _____
X \$82	\$ _____
+ \$270	\$ _____

OR

\* not fewer than 20  
\*\* not fewer than 3

TOTAL = \$ 0

\$ \_\_\_\_\_

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for ____ month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ _____

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for <u>two</u> month Extension of Time	\$ <u>200.00</u>
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>200.00</u>

☒ A general authorization is hereby granted to charge deposit account number 08-0380 for any fees required under 37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol A. Egner  
Carol A. Egner  
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Lexington, Massachusetts 02173

Dated: April 6, 1998